

Washington State Birth to 3 Plan

Building on existing efforts to improve services and achieve measurable outcomes for children and families



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Center for Law and Social Policy (2010). *Developing Washington's birth to three plan: Infant/Toddler policy recommendations based on strategies from Washington's Early Learning Plan*. Updated September 27, 2010. Washington, D.C.

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INTRODUCTION: INVESTING OUR RESOURCES WISELY

*“In the first few years of life, 700 new neural connections are formed every second.”
(Jack Shonkoff, Harvard University Center on the Developing Child, 2010)*

Infants and toddlers in Washington are engaged in serious work. As they eat, sleep, play, observe, and interact with others, these babies are busy wiring and shaping their brains. Infants and toddlers need families, caregivers and systems to be ready to support them in success in school and life.

Second Substitute House Bill 2867 (see Appendix A), passed in the 2010 legislative session, required the Department of Early Learning (DEL) to:

“...develop a comprehensive birth-to-three plan to provide education and support through a continuum of options, including, but not limited to, services such as: Home visiting; quality incentives for infant and toddler child care subsidies; quality improvements for family home and center-based child care programs serving infants and toddlers; professional development; early literacy programs; and informal supports for family, friend, and neighbor caregivers.”

DEL contracted with Thrive by Five Washington, our public-private nonprofit partner, to facilitate and write this report. A collaborative group of key stakeholders help develop this plan, which consists of actionable policy recommendations in seven high-level focus areas. Within each area are specific “next steps” that build on existing efforts to improve services and achieve measurable outcomes for children and families.

The plan is based on previous planning efforts; policy expertise of The Center for Law and Social Policy (CLASP); and input from a state Advisory Committee consisting of key stakeholders knowledgeable about the needs of children ages birth to 3 in Washington.

Most of these recommendations are based on strategies and policies identified in Washington’s Early Learning Plan (ELP) and the 2009 Recommendations to the Governor. The specific focus and collaboration around children birth to 3, however, are exciting and important developments in the state’s efforts to actively support early learning. The strategic policy recommendations make more effective use of our state’s limited resources by capitalizing on the natural synergies of proven, evidence-based approaches.

The landmark publication *Neurons to Neighborhoods* (Shonkoff & Phillips, 2000) describes how **the most important aspects of human brain development occur in the first three years of life.** More recently, a growing body of research has emerged that shows the experiences of children ages birth to 3 have a profound effect on limiting or expanding their potential—academically, socially and physically—throughout their lives (National Scientific Council on the Developing Child, 2007; Shonkoff, 2004).

Our more sophisticated knowledge about brain science—combined with solid evidence that high-quality early learning experiences and strong, stable relationships with parents¹ and caregivers have the proven potential to provide all children with a solid foundation in life—is invaluable information for the early learning community and society. We know that many children arrive at kindergarten without the knowledge, skills and good health they need to succeed in school. This disparity evolves into an increasingly broad gap in school achievement for large segments of children in society. Fortunately, we also know that we can change this.

Early learning professionals touch the lives of infants and toddlers in various key ways. These committed professionals came together to articulate in one voice the key recommendations that will move Washington toward a comprehensive continuum of supports for the **good health, positive early learning experiences** and **strong families** that infants and toddlers need to be ready for and succeed in school and life (see Appendix B: *SYSTEM LEVEL Infant and Toddler Systems and Services Outcome Map*). The recommended policies identified in this B-3 Plan would collectively bring Washington much closer to realizing the vision that all infants and toddlers start life with a solid foundation for readiness and success in school and life.

The seven areas under which these recommendations fall align with the “Ready Framework” adopted in Washington’s Early Learning Plan, released in 2010.² A **ready and successful state** means:

	Ready and Successful Children
	<ul style="list-style-type: none"> ✓ Health and Developmental Wellbeing ✓ Home Visiting
+	Ready and Successful Parents, Families and Caregivers
	<ul style="list-style-type: none"> ✓ Parents as their children’s first and most important teacher ✓ Family, Friends and Neighbor Care
+	Ready and Successful Early Learning Professionals
	<ul style="list-style-type: none"> ✓ High-quality professionals and environment
+	Ready and Successful Systems and Communities
	<ul style="list-style-type: none"> ✓ Child care subsidies that promote parent choice and access to affordable care ✓ Infrastructure, Partnerships & Mobilization

¹ Throughout the Birth to Three Comprehensive Plan, the term “parents” refers to all those in parenting roles: birth mothers and fathers, adoptive and foster mothers and fathers, kinship caregivers (grandparents and other family members raising children), guardians, and other adults acting as parents. The role of fathers, in particular, is often overlooked by services and programs. This B-3 Plan calls for greater attention to fathers throughout the continuum of infant and toddler services.

² The “Ready Framework” as described in Washington’s Early Learning Plan also includes Ready and Successful Schools. While not called out explicitly in this plan focused on birth to 3, recommendations related to early intervention do relate to ensuring Ready and Successful Schools. In this plan, early intervention is categorized under Ready and Successful Children.

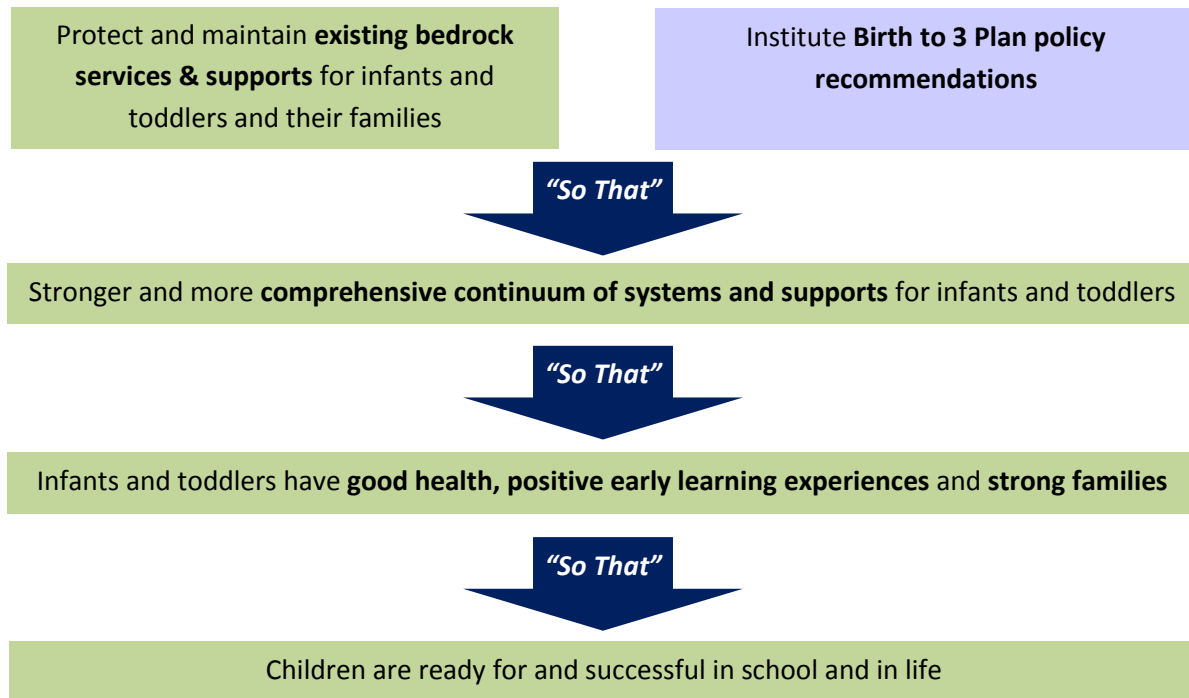
The policy recommendations included in this Birth to 3 Plan are based on priorities that have been consistently identified through rigorous statewide collaboration by those stakeholders most knowledgeable about the needs of infants and toddlers in our state. This plan delves deeply into a number of the strategies highlighted in the 2009 Early Learning Recommendations to the Governor and Washington’s Early Learning Plan. For example, one key strategy in Washington’s Early Learning Plan (ELP) specifically calls for efforts to align, integrate and build a set of *“comprehensive, voluntary services to promote the healthy development of infants and toddlers from birth through age three, beginning with the most vulnerable, along with support for their families and caregivers, and an infant-toddler credential for early learning providers.”* (Washington Early Learning Plan, 2010, p. 83)

This particular strategy is unique among those in the ELP in its focus on the state’s youngest children; however, many of the other strategies outlined in Washington’s Early Learning Plan are very relevant to birth to 3 as a critical foundation in the life of young children from which to promote early learning.

This Birth to 3 Plan includes the following:

- High-level recommendations and a small set of clearly prioritized, feasible and **actionable policy recommendations** that are necessary **now** to foster the optimal health and development of infants and toddlers;
- A summary of the **context** for this plan, including the importance of “birth to 3” in early learning and what data tell us about infants and toddlers in our state;
- A description of the process involved in this **plan’s development**;
- Identified **outcomes** anticipated to result from the implementation of these policy recommendations; and
- A summary of **financing** options and considerations.

This Birth to 3 Plan begins with the recommended policies and critical next steps that would continue to build a comprehensive birth to 3 continuum of services in our state. Each key area contains a high-level policy recommendation followed by more concrete “next step” policy recommendations. We also highlight existing foundational elements on which the recommendations will build.



Following is a brief summary of the seven policy recommendations, which are discussed more thoroughly in the next section:

READY AND SUCCESSFUL CHILDREN

1. HEALTH & DEVELOPMENTAL WELL-BEING

Optimize the physical health, mental health and developmental well-being of infants and toddlers by sustaining support for and building services, systems and infrastructure, including universal developmental screening for infants and young children.

Next Steps:

- Develop a joint plan from existing resources of state agencies—DEL, Office of Superintendent of Public Instruction (OSPI) Department of Health (DOH) and Department of Social and Health Services—to promote a system for universal developmental screening for infants and toddlers.
- Align Washington’s Medicaid payment policies and procedures with strategies to expand and promote developmental screening among health care providers.
- Amend Early Support for Infants and Toddlers (ESIT) program and birth to 3 early intervention eligibility policy to include serving infants and toddlers identified as at-risk of developmental delay based on established risk categories (e.g., infants and toddlers in foster care, premature infants and toddlers). This recommendation will

also help to ensure that we have Ready and Successful Schools to support infants and toddlers.

- Engage child care programs in educating parents and families about developmental screening and connecting families to resources.

2. HOME VISITING

Increase availability of quality home visiting services to at-risk families with infants and toddlers by supporting “a portfolio” of effective evidence-based home visiting (EBHV) programs.³

Next Steps:

- Expand investments in home visiting programs to reach a greater number of vulnerable children.
- Ensure quality implementation by assessing and monitoring fidelity and building organizational capacity for programs and program models.
- Expand the capacity for evaluation of the EBHV portfolio and develop statewide structure for and require common reporting of activities, outputs, fidelity measures, indicators, and outcomes across programs implementing the same EBHV models.
- Assess the effectiveness of a portfolio approach to positively impact targeted child and family outcomes.
- Build the knowledge and evidence base for implementation of EBHV in diverse communities. Move effective promising home visiting program along the continuum from research- to evidence-based.
- Support interagency coordination and stakeholder involvement in statewide efforts to plan and implement home visitation services.

READY AND SUCCESSFUL PARENTS, FAMILIES & CAREGIVERS

3. POLICIES & PROGRAMS THAT SUPPORT STRONG FAMILIES AND PARENTS⁴ AND CAREGIVERS AS THEIR CHILDREN’S FIRST AND MOST IMPORTANT TEACHER

³ This high-level recommendation is closely linked with the following recommendation to support parents and caregivers as their children’s first and most important teacher, but highlighted individually due to its distinct value as a prioritized form of service delivery to support infants and toddlers.

⁴ Throughout the Birth to Three Comprehensive Plan, the term “parents” refers to all those in parenting roles: birth mothers and fathers, adoptive and foster mothers and fathers, kinship caregivers (grandparents and other family members raising children), guardians and other adults acting as parents. The role of fathers, in particular, is often overlooked by services and programs. This B-3 Plan calls for greater attention to fathers throughout the continuum of infant and toddler services.

Engage parents as partners in all aspects of birth to 3 planning and *support programs and policies that promote parents as children’s first and most important teachers through information, resources, and other supports that are easy to access, culturally competent, relevant and affordable.*

Next Steps:

- Strengthen the connections between medical providers and parents of infants and toddlers to promote early literacy.
- Provide information, services, and supports to meet the unique needs of families and caregivers—including fathers—of infants and toddlers.

4. FAMILY, FRIEND & NEIGHBOR (FFN) CARE

Design, implement, and expand statewide outreach and support for FFN caregivers.

Next Steps:

- Provide information, support, and education to FFN providers of infants and toddlers through community-based strategies similar to those used for parents, such as medical providers, Community Cafés, library partnerships, Play & Learn groups, parenting education, and home visiting.
- Expand infrastructure for Kaleidoscope Play & Learn.
- Require and incentivize foundational training for FFN providers receiving child care subsidy payments.

READY AND SUCCESSFUL EARLY LEARNING PROFESSIONALS

5. HIGH-QUALITY PROFESSIONALS & ENVIRONMENTS

Develop and invest in policies, infrastructure, and supports that improve the quality of care and environments for infants and toddlers by investing in recommendations made by the Professional Development Consortium (due to the Legislature on Dec. 31, 2010).

Next Steps:

- Provide interdisciplinary consultation to licensed child care settings to improve the quality of care for infants and toddlers.
- Work with higher education systems to develop an infant/toddler credential program.

- Improve the quality of child care (both center-based and family home) by providing comprehensive services through partnerships between child care and Early Head Start.
- Change current Washington Administrative Code for child care centers to include trained infant/toddler consultation for toddler as well as infant rooms.

READY AND SUCCESSFUL SYSTEMS AND COMMUNITIES

6. CHILD CARE SUBSIDY POLICIES & PROGRAMS THAT SUPPORT STRONG FAMILIES AND HIGH-QUALITY CARE

Design and fund child care subsidy programs and policies to support parent choice and access to affordable, continuous, high-quality care for families of infants and toddlers.

Next Steps:

- Expand the supply of high-quality infant/toddler care through direct contracts in the subsidy system to licensed child care providers meeting higher standards.
- Allow 12-month eligibility for families receiving subsidies with infants and toddlers in high quality settings.

7. INFRASTRUCTURE, PARTNERSHIPS & MOBILIZATION

Build state-level infrastructure for coordinated birth to 3 systems that promotes collaborative governance, accountability, and the use of relevant data and funding streams; supports strong partnerships; and connects to and mobilizes local and regional infant and toddler efforts

Next Steps:

- Promote funding for existing birth to 3 programs that have a continuum of services; identify service gaps for infants and toddlers; and ensure that, as pre-k services are phased in, a parallel funding stream for birth to 3 services is developed.
- Create an advisory committee connected to the Early Learning Advisory Council focused on infants and toddlers.
- Develop formal coordination, communication linkages, and feedback loops that create two-way learning opportunities between community-based organizations, institutions and agencies, county and regional planning entities, and the state level.
- Promote the use of *Washington State Core Competencies for Early Care and Education Professionals* and *Washington State Early Learning and Development Benchmarks* for professionals who care for infants and toddlers.

- Highlight information specific to infants and toddlers in all early learning data systems, including reporting on the indicators (or “vital signs”) associated with Washington’s Early Learning Plan.
- Develop a system to link regional birth to 3 data being collected with the statewide P-20 Longitudinal Data System in development.
- Incentivize the broader adoption of Strengthening Families, an existing, overarching collaborative framework already used by several organizations and agencies.
- Continue to invest in and expand planning, research and evaluation efforts to inform and determine the effectiveness of the funding that supports infants and toddlers.

POLICY RECOMMENDATIONS

The seven high-level policy recommendations will help move our state toward a strategic continuum of services for infants and toddlers from birth to age 3. Falling under each high-level recommendation is a set of concrete “next step” policy recommendations that are most critical to implement in the near term. This plan describes what these steps would build on—what currently exists—and the anticipated outcomes of these specific policy recommendations.

These recommendations are not listed in order of priority. They are presented within the “Ready Framework” previously described. All of these policy changes are critical to support infants and toddlers to be “ready to be successful in school and life,” although some target infants and toddlers primarily while others target parents, providers or systems.

READY AND SUCCESSFUL CHILDREN

1. HEALTH & DEVELOPMENTAL WELL-BEING

Optimize the physical health, mental health and developmental well-being of infants and toddlers by sustaining support for and building services, systems and infrastructure, including universal developmental screening for infants and young children.

The infrastructure, systems, and services that promote health and developmental well-being for infants and toddlers are critical to their future academic success. Included under this umbrella are critical programs through which pregnant mothers and young children currently access health coverage; efforts to ensure that all infants and toddlers have a medical home; universal developmental screening for all infants and toddlers; and aligned services for children with special needs (e.g., Individuals with Disabilities Education Act (IDEA) Part C, special education).

Adequate funding for health programs is always in jeopardy during tough economic times, making it even more critical for our state to protect these programs for our most vulnerable populations. As part of this commitment, we must improve our ability to identify children who have special developmental needs. The degree to which Washington is not reaching young children with developmental screening and early intervention is evident in the gap between the numbers of infants and toddlers receiving services under IDEA Part C and the numbers of preschool-age children receiving services under IDEA Part B.⁵ Evidence indicates that children in need of

⁵ In 2008, 1.9 percent of infants and toddlers in Washington received services under Part C, lower than the 2.5 percent receiving services nationally and less than half the percentage of preschoolers receiving services under Part B in Washington the same year (5.6 percent).⁵ The populations in these age cohorts are quite similar,⁵ however (CLASP, 2010).

services are not being identified until they reach preschool, a delay that causes children to lose the advantage of more effectively—and more economically—addressing their needs at a younger age. Momentum is building in Washington around the recognized need for a system that promotes, tracks, and coordinates universal developmental screening, resulting in timely referrals for infants and toddlers.

Currently, infants and toddlers with developmental disabilities are served by accessing multiple funding sources. Primary sources of funding include special education funds through local school districts, developmental disabilities funds administered through counties, Medicaid, and Part C payer of last resort funds administered through DEL's Early Support for Infants and Toddlers program (ESIT). Other state and local agencies or programs (e.g., Department of Health, Department of Health and Social Services) may also contribute to funding ESIT early intervention services. Part C eligible infants and toddlers in Washington would be best served by a joint state policy that aligns funding, eligibility and service provision consistent with IDEA Part C.

What are we building on?

- Critical health programs such as Medicaid, Apple Health for Kids, and First Steps currently support the physical health and medical home for many pregnant mothers, infants, and toddlers in the state.
- Some communities have formed partnerships to increase screening participation and improve efforts to link children to appropriate treatment, including the ESIT program.
- As of 2009, school districts are required to provide or contract for early intervention services to all eligible children with disabilities from birth to 3. School districts shall provide or contract for early intervention services in partnership with local birth to 3 lead agencies and providers.
- Washington is committed to universally available developmental screening, beginning with children ages birth to 3 and focusing on partnerships that create multiple points of entry for families (e.g., child care, home visiting, physicians). This vision will be described in *A Strategic Framework for Universal Developmental Screening for the State of Washington* (currently in draft form).

What policies do we need now to continue building our state's system?

- a) **Develop a joint plan between relevant agencies (DEL, OSPI, DOH and DSHS) from current funding to promote a system for universal developmental screening.** A joint budget is necessary to align and coordinate efforts as well as to leverage and maximum the current funding sources relevant to developmental screening.
- b) **Align Washington's Medicaid payment policies and procedures with strategies to expand and promote developmental screening among health care providers.** Washington can allow the use of state Medicaid dollars to support reimbursement for developmental screening and follow-up testing conducted by health care providers. Among those who do screening, including pediatricians, nurse practitioners and community health centers, the state should provide information and training to promote the use of specific Medicaid reimbursement codes that will cover the cost of more extensive developmental screening at well-baby and/or sick child visits.
- c) **Amend ESIT program and birth to 3 early intervention eligibility policy to include serving infants and toddlers identified as at-risk of developmental delay based on established risk categories (e.g., infants and toddlers in foster care, premature infants and toddlers).** *It is also important that we have Ready and Successful Schools to support infants and toddler early learning.* Administered by DEL, ESIT provides early intervention services for infants and toddlers who have disabilities and/or developmental delays. Eligible infants and toddlers and their families in Washington are entitled to individualized high-quality early intervention services in accordance with IDEA Part C. Currently the ESIT statewide community-based service system serves more than 8,400 children per year. Since September 2009, each school district is required to provide or contract for early intervention services to all eligible children with disabilities from birth to 3.

Funding is needed to cover infants and toddlers not eligible for Medicaid and early intervention services not covered by Medicaid (e.g., services provided by certified teachers) and to increase training for both early intervention service providers and early learning professionals in how to support the social and emotional development of children who are considered to be at risk for developmental delay.

- d) **Engage child care programs in educating parents and families about developmental screening and connecting families to resources.** Using available early childhood funding, engage child care providers to provide families with information about the importance of screening and connect families with screening opportunities either at the child care site itself or at

each family’s medical home. Providers can connect families to early intervention or screening with a medical provider in a more meaningful way—providing a “warm hand-off” to ensure the parent connects with the screening entity and follows through on the screening.

Through this recommendation, partnerships could build on and leverage the close relationships between families and child care providers and other trusted community stakeholders to increase screening participation rates and access to infant support services (early intervention). While this strategy alone would not likely achieve universality—reform of Medicaid screening coverage policies is also needed—it would significantly expand efforts to reach families and maximize opportunities for partners to educate, refer, and provide screenings.

Anticipated OUTCOMES of specific policy recommendations:	Supporting “Ready”:
A higher percentage of infants and toddlers will be screened earlier for physical and developmental delays	Children
Increased number of infants and toddlers with developmental needs (including “at risk” infants and toddlers) receive IDEA Part C services, state special education and/or are linked to a spectrum of services	Children
Increased rate of developmental screenings conducted by health care providers	Systems
Enhanced family and community understanding of developmental screening	Systems

2. HOME VISITING

Increase availability of quality home visiting services to at-risk families with infants and toddlers by supporting “a portfolio” of effective evidence-based home visiting (EBHV) programs.⁶

Home visiting is widely acknowledged to be a critical support for vulnerable families and for parents, who are the first and most important teachers of infants and toddlers. Home visiting is a form of service delivery in which parents and their babies are visited in their homes by a trained professional (or paraprofessional) and receive information and support related to basic infant health, strengthening the parent-child relationship, children’s healthy development, and early learning. Such programs achieve a multitude of interconnected outcomes that can buffer the effects of multiple risk factors and

⁶ This high-level recommendation is closely linked with the following recommendation to support parents and caregivers as their children’s first and most important teacher, but highlighted individually due to its distinct value as a prioritized form of service delivery to support infants and toddlers.

sources of stress in the family. They not only help strengthen family attachments, but also provide optimal development for children, promote health and safety, and reduce the potential for child maltreatment. Home visiting models have been developed and are widely used around the country.

Early childhood stakeholders have consistently prioritized home visiting in their discussions and planning efforts and identified it as a key strategy for strengthening our state's birth to 3 early childhood system in the Early Learning Plan. It is also identified as a priority in the infant and toddler system planning efforts and the statewide home visiting needs assessment. According to the *2010 Home Visiting Needs Assessment*, 2 to 11 percent of eligible families receive home visiting services in Washington (Washington State Department of Health, 2010).

What are we building on?

- In 2007, the Washington State Legislature passed SB 5830, appropriating \$3.5 million for the 2007-2009 biennium for the purposes of home visiting. Administered by the Council for Children and Families (CCF), this state funding was continued in the current biennium.
- In January 2008 a report was released, through the work of CCF and many other home visiting professionals, outlining both short- and long-term objectives to help move Washington toward a more comprehensive, coordinated, and consolidated system of home visiting.
- The Home Visiting Coalition of Washington brings stakeholders around the state together to focus on advocating for increased investment and expanded access to effective home visiting programs for children and families.
- The Bill & Melinda Gates Foundation and Thrive by Five Washington, both of which identified home visiting as a service delivery area that was needed, are currently funding two demonstration communities to improve the school readiness of children in Washington through a community-based Early Learning Initiative (ELI).
- In 2010, the Legislature established a Home Visiting Services Account (HVSA) to expand evidence-based, research-based and promising home visiting services and move Washington toward a statewide continuum of home visiting programs that work together in a coordinated and integrated manner. In initiating the HVSA, the Legislature appropriated funds to DEL. Thrive by Five Washington is administering the funds. The public funds will be matched with private money raised by Thrive by Five Washington to be invested in home visiting programs around the state. The HVSA leverages public dollars for home visiting by providing matching private dollars and funds evaluation, technical assistance training and integration activities with other Early Learning Plan strategies.

- Washington recently completed its statewide home visiting needs assessment and will apply for federal funds to support additional home visiting services beginning in 2011.

What policies do we need now to continue building our state system?

- a) **Expand investments in home visiting programs to reach a greater number of vulnerable children.** Various types of evidence-based home visiting (EBHV) programs are currently being implemented in Washington, including Nurse-Family Partnership, Parents as Teachers, Parent-Child Home Program and Early Head Start. At current capacity, however, these programs serve only 2 to 11 percent of the estimated eligible families who would choose to participate. Expanding investments in home visiting programs would allow evidence-based and promising home visitation services to be more widely available to at-risk parents and other caregivers.
- b) **Increase the quality of implementation by assessing and monitoring fidelity and building organizational capacity.** Increased fidelity to evidence-based models improves outcomes. This recommendation calls for assessing fidelity and providing targeted technical assistance (and, eventually, program and state fidelity standards) for EBHV models.
- c) **Expand the capacity for evaluation of the evidence-based home visiting (EBHV) portfolio and develop statewide structure for and require common reporting of activities, outputs, fidelity measures, indicators and outcomes across programs implementing the same EBHV models.** This recommendation is intended to promote quality assurance for individual programs as well as to grow a base of knowledge about program implementation and the outcomes achieved by families receiving services.
- d) **Assess the effectiveness of a portfolio approach to positively impact targeted child and family outcomes.** A portfolio approach to home visiting identifies a range of programs for funding. (This approach differs from one that might select one model for funding.) This recommendation may involve selecting a common outcome measurement tool to be used across EBHV models or for some subset of EBHV models.
- e) **Build the knowledge and evidence base for implementation of EBHV in diverse communities. Move effective promising home visiting programs along the continuum from research- to evidence-based.** When Washington committed to implementing evidence-based home visiting in its ELP, it recognized that existing programs need to be continually evaluated even as new and promising programs are evaluated and added to the evidence base. Washington has identified

promising state and local programs in *Senate Bill 5830: Home Visiting Collaboration and Consolidation – Report to the Washington State Legislature (2008)* and other work published by CCF. The state can draw on its existing partnerships with Washington State University to evaluate the most promising newer home visiting models to determine whether these models should be designated as evidence-based. As these programs are implemented within local communities and vulnerable populations specific to Washington, evaluations can help further build the evidence base for serving diverse children and families. These efforts may include community-based action research that engages different cultural communities around identifying, refining and disseminating their effective practices.

- f) Support interagency coordination and stakeholder involvement in statewide efforts to plan and implement home visitation services.** The federal government announced plans in 2010 to provide funding to states for evidence-based home visiting. Governor Chris Gregoire responded to this opportunity by creating a Cross Agency Governance Structure, consisting of DEL, DOH, DSHS and CCF, to collaborate in planning and implementing home visiting in Washington. Increased funding would help support these efforts and leverage the new federal resources for home visiting services within the state. These efforts should also include feedback loops for two-way learning between home visiting staff and caregivers and across agencies and tiers.

Anticipated OUTCOMES of specific policy recommendations:	Supporting "Ready":
Increased availability of evidence-based, research-based and promising home visiting services for vulnerable families of infants and toddlers	Parents, Families & Caregivers
Increased cross-agency governance and system coordination	Systems
Improved implementation of quality assurance	Systems
Increased knowledge of what is required to effectively implement home visiting models	Systems
Increased knowledge about evidence-based programs and promising practices	Systems

READY AND SUCCESSFUL PARENTS, FAMILIES AND CAREGIVERS

3. POLICIES & PROGRAMS THAT SUPPORT STRONG FAMILIES AND PARENTS AND CAREGIVERS AS THEIR CHILDREN'S FIRST AND MOST IMPORTANT TEACHER

Engage parents as partners in all aspects of birth to 3 planning and support programs and policies that promote parents as children's first and most important teachers through information, resources and other supports that are easy to access, culturally competent, relevant, and affordable.

As children's first and most important teachers, parents and caregivers often seek out information and resources to support them in their teaching role. This high-level recommendation focuses on additional policies and programs that ensure that all those with parenting roles have the information, supports, and connections to resources that are necessary to foster the optimal health and development of their infants and toddlers. An effective infant and toddler system promotes and supports culturally and linguistically appropriate parenting education and information related to early learning, child health and development, nutrition, parenting, and family strengthening.

It is important to note that parents are partners in and intended beneficiaries of many other recommendations throughout the plan in addition to those listed here. For example, the prior section relates to expanding home visiting— a form of service delivery that is particularly critical for parents of infants and toddlers and merits its own focused section in the Birth to 3 Plan. Elsewhere, proposed changes in subsidy policies and supports for FFN caregivers are also relevant to primary caregivers. This particular high-level recommendation is intended to highlight the particular need for a broad set of information and supports to promote successful parenting, as well as to recognize the role parents play in the lives of their infants and toddlers.

What are we building on?

- Washington currently has programs in place that provide individualized information for parents of young children such as CHILD Profile, WithinReach and Parent Trust for Washington Children's Family Help Line.
- Washington is a national leader in using the Community Café model⁷ to promote meaningful and culturally relevant leadership, social networks and peer learning among parents at the grassroots level.

⁷ Community Cafés are a series of guided conversations based on the Strengthening Families protective factors framework that promote leadership development and parent partnership. For more information, see: https://www.msu.edu/user/nactpf/initiative_parents-2.htm.

- The Strengthening Families Washington (SFW) initiative began in 2004 with the formation of a steering committee of representatives from a cross-section of organizations invested in the wellbeing of children. SFW advances the research-based protective factor framework as fundamental to individual, family, community and organizational health and well-being, and advocates for alignment with these principles across child- and family-serving systems.
- Reach Out and Read⁸ programs have been active in Washington since 1997, with a concerted effort on statewide expansion since 2007. Reach Out and Read programs currently exist in urban, rural and suburban settings, serving families from many linguistic and cultural groups, including English language learners and bilingual populations, as well as immigrant and refugee families, including tribal communities and military families.
- The Early Learning Public Library Partnership includes 26 library systems and more than 330 library branches around the state. The partnership is working to strengthen the ability of public libraries to fully participate in the advancement of early learning as the only free early learning space available to everyone in Washington. Libraries provide books, information, and programs to infants, toddlers, and their families (as well as child care providers) and are constantly adapting to meet their communities' changing needs, especially around providing linguistically and culturally appropriate resources and programs (e.g., books, music, story times, Play & Learn groups, parent groups).
- Many longstanding parent education programs offered through community colleges throughout the state (represented by the Organization of Parent Education Programs) offer classes for parents and their children taught by professional early learning educators and parenting educators that emphasize learning through play. Every day more than 1,000 families are served, many of which have at-home parents.
- Washington has taken important steps to support parents through home visiting, including establishing a Home Visiting Services Account in 2010, funding evidence-based and promising home visiting models, and supporting two Early Learning Initiative demonstration communities.

⁸ Reach Out and Read is an evidence-based program that builds on the unique relationship between parents and medical providers to promote early literacy beginning at six months of age by giving new books to children and advice to parents about the importance of reading aloud. For more information, see: http://www.reachoutandreadwa.org/index.php/our_programs.

What policies do we need now to continue building our state system?

- a) **Strengthen the connections between medical providers and parents of infants and toddlers to promote early literacy.** As partners in children’s health and development, doctors (including community health physicians), nurses and other medical professionals can engage with families during well- and sick-child visits on a broad range of child development issues. States have undertaken several types of efforts to promote partnerships between medical providers and parents. Washington’s evidence-based Reach Out and Read program promotes early literacy by having medical providers distribute books to families, offer tips and encouragement on family reading, and create literacy-rich environments in the medical setting. Age-appropriate literacy instruction is important for families of infants and toddlers, who are building foundations of language and literacy for lifelong learning. Expanding the Reach Out and Read program could help parents and medical providers interact in new ways that promote the development of the whole child.
- b) **Provide information, services and supports to meet the unique needs of families and caregivers, including fathers, of infants and toddlers.** Parents should receive information and referrals that promote newborn nurturing, attachment, and care and safety (e.g., soothing, feeding, changing diapers, sleep patterns, child safety). Throughout the continuum, policies, programs and materials should be accessible, innovative and customized to meet the unique needs of all parents—including fathers, who are often overlooked as primary caregivers.

Information and resources for parents and all other primary caregivers should also promote the research-based protective factors known to contribute to stronger families and child wellbeing.⁹ These protective factors include knowledge and skills related to child development, social and concrete supports, and the ability to cope with challenges. In early 2011, Thrive by Five Washington—with many partners—will launch the “Love. Talk. Play.” campaign. This campaign reinforces parents as their child’s first and most important teacher and provides a simple message about the three things all parents can and need to be doing every day with their children to support their healthy development. The campaign is targeted at parents with children birth to 3 with a special emphasis on harder to reach parents. The campaign’s major goal is to improve the interactions between parents and children during these first years.

⁹ See http://www.strengtheningfamilies.net/index.php/main_pages/protective_factors for more information.

Anticipated OUTCOMES of specific policy recommendations:	Supporting "Ready":
Parents have increased positive attitudes about reading and read more often with their infants and toddlers	Parents, Families & Caregivers
Increased protective factors (e.g., parenting knowledge and skills, social support, resilience) among mothers and fathers of infants and toddlers	Parents, Families & Caregivers

4. FAMILY, FRIEND & NEIGHBOR (FFN) CARE

Design, implement and expand statewide outreach and support for FFN caregivers.

Many infants and toddlers, particularly those who are most vulnerable, are cared for by non-parental family members (e.g., grandmothers), neighbors and friends [Human Service Policy Center (HSPC), 2009]. In fact, a greater proportion of infants and toddlers than children of other ages, as well as children from families with low incomes, receive FFN care compared to other forms of child care, whether based on cultural preferences, choice, cost or convenience (DEL, 2008; HSPC, 2009). Some of these FFN providers are linked with the child care system and receive subsidies; others are not. While the strategies may differ for these categories of providers, the state can enhance the infrastructure and supports needed to improve the quality of FFN care for the many infants and toddlers who spend large amounts of time in informal care settings.

What are we building on?

- DEL currently contracts with the Washington State Child Care Resource & Referral Network (CCR&R Network) to provide FFN outreach and support programs. The acceptance of and interest in the programs offered through the CCR&R Network has been overwhelmingly positive, especially in rural communities.
- The Service Employees International Union (SEIU) provides training for FFN caregivers who accept Working Connections Child Care subsidies from the state.
- The Family, Friend and Neighbor Child Care Initiative was started by a group of private and corporate funders in 2001 to provide resources for and support the quality of FFN care in Washington. This group later formed the Family, Friend and Neighbor Caregiving Leadership Team and engaged Child Care Resources, the child care resource and referral agency in King County, to take on the role of an intermediary organization for the initiative. The Initiative created a three-year business plan in 2008.

What policies do we need now to continue building our state system?

- a) **Provide information, support and education to FFN providers of infants and toddlers through community-based strategies similar to those used for parents, such as medical providers, Community Cafés, library partnerships, Play & Learn groups, parenting education and home visiting.** The achievement gap begins with the most isolated parents and FFN caregivers of infants and toddlers who are disconnected from any system or support. With sufficient resources, local organizations working directly with families and within diverse communities can effectively bridge this gap by providing relationship-based services that reduce barriers and increase access to information and resources that support the safety, health and development of infants and toddlers, such as promoting the importance of developmental screening.
- b) **Expand infrastructure for Kaleidoscope Play & Learn.** Kaleidoscope Play & Learn is a service in which FFN caregivers participate in activities that are age-appropriate for children in their care, receive information and resources that enhance their ability to care for children and help them be ready for school, and build their social networks—in most cases, free of charge. To give FFN caregivers across the state more equal access to Kaleidoscope Play & Learn, its infrastructure must be expanded.
- c) **Require and incentivize foundational training for FFN providers receiving child care subsidy payment.** Training options would include DEL-approved modules covering basic safety, child health, early development and parent-caregiver dynamics. Successful training completion could be tied to available incentives or additional compensation (e.g., paying a higher rate to FFN caregivers who participate in expanded Play & Learn networks).

Anticipated OUTCOMES of specific policy recommendations:	Supporting “Ready”:
Increased proportion of infants and toddlers in FFN care with trained providers.	Children
Increased participation in Kaleidoscope Play & Learn groups among FFN caregivers.	Caregivers
Increased number of FFN care providers prepared with essential knowledge and skills related to promoting the health, safety and early development of infants and toddlers in their care.	Caregivers
Increased or expanded community partnerships that provide resources and support to FFN providers and low-income infants and toddlers and their families.	Systems

READY AND SUCCESSFUL EARLY LEARNING PROFESSIONALS

5. HIGH-QUALITY PROFESSIONALS & ENVIRONMENTS

Develop and invest in policies, infrastructure and supports that improve the quality of care and environments for infants and toddlers by investing in recommendations made by the Professional Development Consortium (due Dec. 31, 2010).

To increase the quality of child care and early education, the state could further support efforts to develop evidence-based licensing standards, build and bring to scale a Quality Rating and Information System (QRIS or “Seeds to Success”), and create a Professional Development System as outlined in the Professional Development Consortium (PDC) December 31, 2010 report to the Legislature. Evidence clearly shows that infants, toddlers and other young children who spend time in high-quality child care and early education settings are more likely to be prepared for and successful in school (Rolnick & Grunewald, 2003; Lynch, 2004; Gilliam & Zigler, 2004; Barnett & Ackerman, 2006).

What are we building on?

Washington has made great strides in the following areas:

- Our state child care licensing standards and oversight are ranked third in the nation for family home rules and ninth for centers (National Association of Child Care Resource & Referral Agencies, 2010).
- Washington’s *Early Learning and Development Benchmarks*, a set of early learning guidelines for children from birth to kindergarten entry, are currently being reviewed and updated.
- Washington’s *Core Competencies for Early Care and Education Professionals* have been finalized and include specific competencies for those who care for infants and toddlers.
- Washington’s “Seeds to Success” Quality Rating and Improvement System (QRIS) is currently undergoing field testing in five communities.
- Washington’s Professional Development Consortium (PDC) has been preparing recommendations for a statewide professional development system for early learning, a set of proposals that will be submitted to the Legislature in December 2010. Many of these recommendations will relate to infants and toddlers.

What policies do we need now to continue building our state system?

- a) **Provide interdisciplinary consultation to licensed child care settings to improve the quality of care for infants and toddlers.** Interdisciplinary consultation models should support quality improvement in a range of areas relevant to infant and toddler care, such as social and emotional developmental; environmental health, safety and quality; physical health; and infants and

toddlers with special needs. The models should be based on regionally identified needs and strengths and would include appropriate infrastructure to support related ongoing planning and coordination efforts, including coordination with other quality initiatives (e.g., QRIS and ESIT). DEL and its partners are also creating an infant/toddler consultation “round table” of consultation professionals to develop and standardize protocols for consultation.

- b) Change current Washington Administrative Code for child care centers to extend trained infant toddler consultation to toddler rooms in addition to infant rooms.** This policy change would address concerns raised at the local level and among Resource and Referral staff who regularly witness the value such visitation has for infant rooms and the need for similar support in toddler rooms. No immediate state cost would be associated with this policy.
- c) Work with higher education systems to develop an infant/toddler credential program.** The National Child Care Information Center (NCCIC) defines an infant toddler credential as a combination of courses, training and/or experiences that demonstrates a level of “specialized knowledge, skills and professional achievement” related to infants and toddlers. Twenty-one other states currently have such a credential. This credit-based credential should be developed based on Washington’s *Core Competencies for Early Care and Education Professionals* and be included in the state QRIS.
- d) Improve the quality of child care (center-based and family child care home) by providing comprehensive services through partnerships between child care providers and Early Head Start.** Washington can facilitate partnerships, through both funding and technical assistance, that support the delivery of Early Head Start services in child care settings. The partnerships would improve continuity of care for working families and extend the delivery of comprehensive family, health and nutrition services to children in child care not currently receiving Early Head Start services.

Anticipated OUTCOMES of specific policy recommendations:	Supporting “Ready”:
Increased number of early learning professionals prepared with the knowledge and skills associated with an infant/toddler credential	Early Learning Professionals
Increased number of partnerships between child care and Early Head Start programs that maximize quality improvement efforts	Systems
Increased supports received in child care settings to promote quality of care for infants and toddlers (including toddler room nurse visitation and interdisciplinary consultation)	Systems

READY AND SUCCESSFUL SYSTEMS AND COMMUNITIES

6. CHILD CARE SUBSIDY POLICIES & PROGRAMS THAT SUPPORT STRONG FAMILIES AND HIGH-QUALITY CARE

Design and fund child care subsidy programs and policies to support parent choice and access to affordable, continuous, high-quality care for families of infants and toddlers.

A strategic set of child care subsidy policies and programs also *has the potential* to support the growth of and access to high-quality care. Financial support to families in the form of child care assistance is critical to ensure that low-income families can access the state's early learning system and higher quality care.

In the long term, Washington should plan to expand the reach of child care assistance to ensure maximum participation by low-income earners. Although such an expansion could be costly, some improvements can be made in the short term that will not incur significant costs, such as revising policies and procedures within the subsidy system. This recommendation focuses on improving child care subsidy programs to support high-quality care, increase parental choice, improve access and continuity of care for children and families, align with other programs and supports, and facilitate ease of use for families and early learning professionals.

What are we building on?

- DEL administers three child care subsidy programs: Working Connections Child Care (WCCC), Seasonal Child Care Subsidies (SCC) and Homeless Child Care, serving slightly more than 15,000 infants and toddlers (approximately 3,500 and 11,500, respectively) per month on average.¹⁰
- Some policy changes have begun to ease the burden for families participating in subsidy programs. Under a recently proposed DEL rule change, families must report any increase in income only if the amount would deem the family ineligible for WCCC.

What policies do we need now to continue building our state system?

- Expand the supply of high-quality infant/toddler care through the provision of incentives in the subsidy system to licensed child care providers who meet higher standards.** Washington can ensure access to care of a certain quality level by paying some portion of providers an enhanced subsidy rate. Funding may be tied to high-quality standards [e.g., Early Head Start, national accreditation, state quality rating and improvement systems (QRIS)] and paid

¹⁰ This estimate is based on data provided for WCCC and SCC only between May 2009 and April 2010.

directly to providers through the subsidy voucher system. A tiered subsidy system may be used to create or stabilize care in particular communities or for specific populations; to increase quality standards for infants and toddlers; to extend the day for infants and toddlers served in Early Head Start; and to improve the quality of infant/toddler family child care. The state should consider setting the reimbursement rate at no less than 75 percent of the market rate for providers meeting quality standards.

Washington may consider start-up grants to providers in underserved communities to boost the supply of high-quality providers, particularly in rural, low-income, and/or ethnic- and language-minority communities.

- b) Allow 12-month eligibility for families receiving subsidies with infants and toddlers in high quality settings.** Consistent care arrangements foster healthy development that benefits young children. Supporting continuity of care first requires that families are able to maintain subsidies for a longer duration. Effective August 2010, DEL revised rules for the Working Connections Child Care and Seasonal Child Care Subsidy Programs to extend eligibility to 12 months for families enrolled in the subsidy program and Head Start, Early Head Start or The Early Childhood Education and Assistance Program (ECEAP). This 12-month eligibility change is vital to ensuring continuity of care for infants and toddlers served in Early Head Start and would benefit all infants and toddlers in the subsidy system. The state could authorize child care subsidies for up to 12 months and limit interim reporting for all or most families with young children.

The reporting burden on families would be eased by the following changes: simplify what needs to be reported; make it easier for families to report; identify alternative ways of getting information on changes in family circumstances; and adjust subsidies for only some changes that are reported (Adams, Snyder & Banghart, 2008). The state may consider revising policies so that families are required to report income change over only a certain threshold (i.e., 10 percent or more added to their base salaries); families retain eligibility during short-term fluctuations in hours worked, income or child care needed (i.e., reporting is not required if the change is due to overtime or temporary reductions in work hours); or families have additional time to report changes (i.e., increase reporting period from 10 to 30 days).

Anticipated OUTCOMES of specific policy recommendations:	Supporting "Ready":
Increased number of infants and toddlers receiving continuous subsidized care in high-quality settings	Systems

7. INFRASTRUCTURE, PARTNERSHIPS & MOBILIZATION

Build state-level infrastructure for coordinated birth to 3 systems that promotes collaborative governance, accountability, and the use of relevant data and funding streams; supports strong partnerships; and connects to and mobilizes local and regional infant and toddler efforts.

A comprehensive statewide system for infants and toddlers must include foundational infrastructure related to the partnerships, community mobilization, governance, data and accountability that support all other aspects of the system.

What are we building on?

- Washington has undergone developments and growth related to early learning system building and governance in recent years, including the creation of the DEL; its Early Learning Advisory Council; and the more recent creation of a Joint Resolution between DEL, the Office of Superintendent of Public Instruction (OSPI) and Thrive by Five Washington. Opportunities exist to build on this infrastructure to specifically address the needs of infants and toddlers.
- Washington has a comprehensive state child care resource and referral network which provides critical services to families, caregivers and community partners. The Washington State Child Care Resource & Referral Network coordinates the core work of the 11 regional CCR&R programs, which in turn deliver services and implement policy at the local level.
- The Strengthening Families Washington (SFW) initiative began in 2004 with the formation of a steering committee of representatives from a cross-section of organizations invested in the well-being of children. SFW advances the research-based protective factor framework as fundamental to individual, family, community and organizational health and well-being, and advocates for alignment with these principles across child- and family-serving systems. Some child- and family-serving agencies have already adopted and integrated the Strengthening Families protective factor framework into their practices (e.g., CCF).
- DEL has recently begun partnering with 10 regions around the state that are engaged in infant and toddler needs assessment and planning to build collaborative governance and infrastructure at the regional level to support infants and toddlers and their families.
- Washington currently has more than 30 coalitions for early learning, largely supported by the Foundation for Early Learning and Thrive by Five Washington. These groups focus on individual communities and issue areas across the state, providing valuable opportunities for mobilization at the local and regional level to support infants and toddlers.

What policies do we need now to continue building our state system?

- a) **Promote funding for existing birth to 3 programs that include a continuum of services; identify service gaps for infants and toddlers; and ensure that, as pre-K services are phased in, a parallel funding stream for birth to three services is developed in tandem.** Recognizing that the earliest years are critical for development, this policy commits to providing resources and services for infants and toddlers in concert with those provided for pre-school age children.
- b) **Create an advisory committee connected to the Early Learning Advisory Council focused on infants and toddlers.** The Legislature created the Early Learning Advisory Council (ELAC) in 2007 to “provide input and recommendations to the Department of Early Learning so [its] strategies and actions are well-informed and broadly supported by parents, child care providers, health/safety experts and interested members of the public.” A sub-group of this committee should be dedicated to considering issues specifically relevant to infants and toddlers and to tracking and promoting progress related to this Birth to 3 Plan.
- c) **Develop formal coordination, communication linkages and feedback loops that create two-way learning opportunities between community-based organizations, institutions and agencies, county and regional planning entities, and the state level.** Effective feedback loops can create respectful, mutually beneficial relationships between service agencies as well as between these agencies and families and communities at the local level. Feedback loops will also generate data that can lead to better design of services and smarter spending resulting from eliminating inefficiencies.
- d) **Promote the use of established Core Competencies and benchmarks for professionals that care for infants and toddlers.** DEL and the Professional Development Consortium recently developed and published the *Core Competencies for Early Care and Education Professionals*, highlighting those relevant to caring for infants and toddlers. DEL is also in the process of refining a previously developed set of benchmarks to inform parents, families, caregivers and early learning professionals what children at specific ages—including birth to 3—may know and be able to do. It will also show them how, as “teachers,” they can stimulate each child’s development across all areas of development and learning. The new version of the benchmarks is expected to be issued in 2011, and development of materials, tools and training could be ready soon thereafter. Additionally, DEL is currently contracting with the Washington State Child Care Resource & Referral Network to design and produce appropriate materials to inform and train caregivers about how to use the core competencies and benchmarks and Strengthening Families principles in their programs.

- e) **Highlight information specific to infants and toddlers in all early learning data systems.** Currently much of the data needed to address critical outcomes, progress and opportunities for infants and toddlers does not exist or cannot be disaggregated from broader age groups. Washington must have access to relevant data to inform programming and make good decisions about policies for infants and toddlers and their families. These data should be able to describe the population of infants and toddlers and their families, including those most vulnerable, as well as their unique needs and contexts and the programs that support them. Similarly, early learning reporting systems, including progress summaries related to indicators (or “vital signs”) for Washington’s Early Learning Plan, should highlight these data.
- f) **Develop a system to link regional birth to 3 data being collected with the statewide P-20 Longitudinal Data System in development.** The Education Research and Data Center in the state’s Office of Financial Management, with support from a three-year federal grant awarded in May 2010, is currently developing a P-20 system that will include data on preschool programs. Washington’s ELP requires including information from formal early learning services and programs with which children are involved prior to their K-12 education into this P-20 Longitudinal Data System. In addition to data collected through state child care subsidy and licensing systems and ESIT, state agencies also collect data pertinent to infant/toddler development (e.g., the health department tracks data on children’s immunizations). Washington can consider how to crosswalk such data on infants and toddlers with the developing P-20 LDS to create a more complete picture of children’s development across domains.
- g) **Incentivize the broader adoption of Strengthening Families—an existing, overarching collaborative framework already used by several organizations and agencies.** Strengthening Families bolsters five key protective factors that promote healthy families: parental resilience, knowledge of parenting and child development, social connections, concrete supports in times of need, and children’s healthy social and emotional development. This strategy can contribute significantly to the development of a common vision among organizations, agencies and institutions that will be implementing birth to three services.
- h) **Continue to invest in and expand planning, research and evaluation efforts to inform and determine the effectiveness of the funding that supports infants and toddlers.** These efforts will ensure that the state is learning from its efforts and making informed and strategic decisions when developing new programs or policies, considering changes, or making decisions about the use of its resources.

Anticipated OUTCOMES of specific policy recommendations:	Supporting “Ready”:
Adoption and increased use of Early Learning Benchmarks to inform the care of infants and toddlers	Systems
Increased governance and coordination of state-level services and systems for infants and toddlers	Systems
Increased availability of data and information collected and reported related to infants and toddlers	Systems
Increased proportion of funding for early learning services and programs targeting young children between birth and 3	Systems
Increased number of organizations and agencies throughout birth to three systems that have adopted the protective factor framework	Systems

CONTEXT & BACKGROUND

BABIES CAN'T WAIT: WHAT RESEARCH TELLS US ABOUT BIRTH TO 3

A growing body of research has emerged that shows the experiences of children ages birth to 3 have a profound effect on limiting or expanding their potential—academically, socially and physically—throughout their lives. The latest scientific evidence suggests that positive interactions and stable, supportive relationships with parents and other caregivers are critical factors for infants and toddlers to grow into socially and emotionally healthy children and adults (National Scientific Council on the Developing Child, 2007). In contrast, children—particularly infants and toddlers—who are exposed to adverse childhood experiences and toxic stressors, such as extreme poverty, violence and abuse, suffer lasting negative effects. Toxic stress damages developing brain architecture, which can lead to critical deficits that hamper their academic success and lifelong problems in learning, behavior, mental health (Anda & Brown, 2010; National Scientific Council on the Developing Child, 2007; Zero to Three, 2009). While developmentally appropriate play and interactions can later mitigate the impacts of earlier experiences, the capacity for the brain to develop optimal architecture diminishes over time (Zero to Three, 2009). The earliest disparities in development begin to appear as early as 9 months of age (Halle et al, 2009).

Differences in experiences among children birth to 3 result in a “preparation gap” among children, which can widen throughout their academic career. Many children who enter kindergarten arrive at school unprepared to succeed academically. Like runners who lag behind others before the race even starts, they are significantly behind their chronological peers at the starting gate. As they progress through school, the initial preparation gap of these children turns into an “achievement gap,” as evidenced by the large number of students who cannot read or demonstrate math skills at grade level by the end of third grade and later fail to graduate from high school.

Understanding the importance of positive development factors in the early years of children’s lives affords a huge opportunity for families and children in our state. With our increased knowledge about protective factors and key risks—as well as our ability to identify which policies make the biggest difference at an early age and how their impacts last over time—we can help children realize their full potential. DEL’s efforts to collaborate with other state agencies such as DSHS in addressing the needs of our state’s most vulnerable children through policy change and coordination is essential. Building on the work of the Family Policy Council and others around the state in integrating the science and research of the recent Adverse Childhood Experiences Study (ACES), Washington is gaining momentum to make a lasting difference in the lives of infants and toddlers. Supporting optimal health and development in the first three years of life can be made through relatively small but powerful changes, which can make more efficient use of resources while producing more desirable and profound results for children and families in Washington.

CURRENT SITUATION OF INFANTS AND TODDLERS IN WASHINGTON

Compared with other stages of life, there are limited data available across the birth to 3 continuum. Beyond birth record information, very few points exist at which data are collected on a scale that would allow policymakers to draw conclusions about young children's well-being and early learning experiences. Data collected through national and statewide efforts shed some light on the demographic trends among infants and toddlers in Washington and provide some clues about their family, community and learning environments.

DEL recently funded lead agencies in 10 regions¹¹ across the state to engage in an assessment and planning effort. DEL has asked the regions to engage in this collaborative data summarizing process¹² to: 1) inform plans for interdisciplinary consultation strategies to support high-quality care for infants and toddlers and 2) strengthen both the regions' and DEL's infrastructure and capacity to engage in two-way communication and decision-making. This work will support the capacity of state, regional and local decision-makers to be guided by regional and local data and local realities and to incorporate the voices and perspectives of regional and local stakeholders.

As part of this effort, lead agencies have engaged in collaborative processes to review available data and gather stakeholder perspectives related to infants, toddlers, parents and families and the systems and services designed to support them. It aims to learn from and connect to other data and collaborative efforts, such as those of the Community Health and Safety Networks. Each region produced a report called "Regional Data Summary and Stakeholder Perspectives on Families, Infants and Toddlers and the Services and Systems intended to Support Them." The compilation of this regional-level data reinforces and provides additional context for the state-level data and helps to describe unique local and regional circumstances. The following sections each summarize data from the National Census, statewide parent surveys, the state Office of Financial Management, and other state and national sources, followed by related summaries of findings from the work within the 10 planning regions.

¹¹ The Education Services District (ESD) boundary map outlines the boundaries for the ten DEL infant toddler regions with the exception that King and Pierce Counties will be individual regions. A map of the ESD regions is available at <http://www.k12.wa.us/maps/ESDmap.aspx>

¹² As a requirement of their contract with DEL, Regional Lead agencies were expected to collaborate with local health jurisdictions, child care resource and referral agencies, United Way organizations, local early learning coalitions, educational service districts, school districts, counties, community colleges, cities, and public and private nonprofits

What We Know About Racial and Ethnic Diversity

We know our state's population of infants and toddlers is large, diverse and changing in important ways. Washington is home to more than 348,000 children ages birth through age 3, representing nearly one-quarter (23 percent) of the state's child population (HSPC, 2009).¹³ One in three (35 percent) children ages birth to 3 is a child of color, including 20 percent Latino, 6 percent Asian, 6 percent Black, and 2 percent American Indian or Alaska Native (HSPC, 2009).

The demographics of our state's youngest children are shifting. The Washington State Office of Financial Management projects a 53 percent increase in the multiracial population ages birth to 4 between 2010 and 2030. The proportions of Asian/Pacific Islander and Latino children are also projected to increase by 13 percent each—a shift that will create a proportionate decrease of white, black and American Indian/Alaskan Native children by 9 percent, 13 percent and 19 percent, respectively (HSPC, 2009).

One in four children ages birth to 3 (24 percent) have at least one immigrant parent (HSPC, 2009). More than two-thirds of children ages birth to 3 live in families with married parents, and slightly more than a quarter live with a single parent (19 percent single mothers, 8 percent single fathers). One-third (33 percent) of mothers have a high school education or less (HSPC, 2009).

Reinforcing the statewide data, all regions described increasing diversity in the population of infants and toddlers in their communities. The proportion of births to mothers of a race/ethnicity other than white/non Hispanic nears 50 percent in some regions. Many regions remarked on how this highlights the need for providers, as well as all organizations serving young children and their parents, to have appropriate language skills and expertise to engage in culturally relevant interactions with families. Some commented on how this demographic change will impact the entire system of services currently in place.

What We Know About Vulnerable Children and Families

Who are the most vulnerable children and families and where do they live? Children with multiple risk factors (e.g., low maternal education, low family income, non-English home language) are the most likely to fall behind at a very young age and arrive at kindergarten without the knowledge, skills and good health they need to succeed (Halle et al, 2009; HSPC, 2003). Some neighborhoods and communities have high concentrations of families experiencing multiple risk factors. These include both metropolitan and rural communities (HSPC, 2005). In the United States, socio-economic status and race/ethnicity are intertwined with these risk factors, all of which are predictors associated with a lack of school readiness (Rouse, Brooks-Gunn & McLanahan, 2005). Although many of the children with multiple risk

¹³ In this source, the Human Services Policy Council conducted most of their analyses using 2008 ACS IPUMS data.

factors are white, the proportion of children of color facing multiple risks is much higher relative to their overall population in the state than that of white children facing such risks.

In Washington, 46 percent of births are paid for by Medicaid, a proxy indicator for families living in poverty (Kaiser State Health Facts, 2007). Thirty-five percent of children ages birth to 3 live in or near poverty, a percentage that is greater than any other child age group (HSPC, 2009). Of these,

- Half are children of color
- One third live with a single mother
- Over half have a mother with a high school education or less

Some racial and ethnic groups have much higher rates of poverty, especially American Indian/Alaska Native, Black and Latino populations. Similarly, infants and toddlers living in families with single mothers or mothers with minimal education are more likely to live in or near poverty (HSPC, 2009).

Regional stakeholders' summaries reinforced these descriptions of vulnerable children and families. Data from the regions highlighted an additional category of vulnerable infants and toddlers—those with complex needs (e.g., special health care needs, behavior problems, mental health issues). Stakeholders highlighted the increasing numbers of children with these complex needs and the lack of capacity of existing programs, services and supports to meet those needs. Regional reports described the numbers of infants and toddlers living in poverty and pointed to the recent economic crisis as another factor that has altered the landscape resulting in more prevalent and deeper vulnerability for families. The regions also called attention to the numbers of infants and toddlers living with single mothers and with parents experiencing homelessness, unemployment, substance abuse and/or mental illness.

What We Know About Where Infants and Toddlers Are

About half (53 percent) of children ages birth to 3 live in families where all custodial parents are employed and more than half (56 percent) of their mothers work (HSPC, 2009). Consequently, it is critical to consider child care arrangements when examining the current situation of infants and toddlers in our state.

According to a Parent Needs Assessment conducted by DEL in 2008, half of all children under age 6 are regularly in parental care. This is particularly true for infants and toddlers, most of whom are in the care of at least one of their parents (infants, 68 percent; toddlers, 57 percent) versus other child care arrangements (DEL, 2008).

When in non-parental child care, infants and toddlers are most likely to be cared for in an informal child care setting by a family member, friend or neighbor (FFN care). Almost two thirds (65 percent) of infants' non-parental care time is spent in FFN, followed by center-based care (21 percent) and family home child care (14 percent). Almost half of toddlers' (45 percent)

non-parental care time is spent in FFN, followed by 28 percent in family home child care and 27 percent in center-based care. A dramatic shift occurs at age 3, when many parents begin to enroll their children in preschool. When not in their parents' care, 52 percent of children over 3 spend their time in child care centers; yet they still spend a substantial number of hours—one quarter of their time (26 percent)— in FFN care (Brandon, Maher, Joesch & Doyle, 2002).

These data suggest that systems and services for infants and toddlers must target parents and informal care providers in addition to center-based and family home child care providers because infants and toddlers spend the majority of their time in non-formalized settings.

Several reasons could explain the high percentage of infants and toddlers in informal care arrangements, including cost, convenience, and parental preference or comfort. Certainly, formal infant and toddler care is the most expensive and difficult to find, as evidenced by the following (based on data reported in Washington Child Care Resource & Referral Network's 2008 State Fact Sheet):

- Parents seek help finding child care for their infants and toddlers. Half of all the requests received by Washington Child Care Resource & Referral Network are for infant and toddler care.
- Because a higher ratio of providers to children is required for quality care of infants and toddlers, there are fewer openings for these age groups. More than twice as many slots exist for preschool children than for infants and toddlers.
- The annual cost of care for one infant or toddler is between 12 and 16 percent of median household income.

At the regional level, there are scarce data to answer this basic question: "Where do infants and toddlers spend their time?" Over the course of their week, children can be with their parents; with a nanny or babysitter; in part-day preschool; in licensed center or family child care; in family, friend and neighbor care; or a mix of those arrangements. King County data show that, of children ages birth to five in regularly scheduled child care, less than 50 percent are in licensed child care (Communities Count, 2008). Other regions relied on extrapolations based on statewide and national studies about FFN care, while still others reported care arrangements for children ages birth to 12 (with very low percentages in licensed care) since those were the best available data. Some regions simply stated that data on child care arrangements were not available. Better information about where infants and toddlers receive their care could help local, regional and state decision-makers find ways to support high-quality early learning environments for infants and toddlers.

Quality of Child Care and Access to Child Care

Quality child care and education, as well as other supports (e.g., parent information), can increase school readiness and success for vulnerable children, but too often infants and toddlers live in families that cannot afford or otherwise access these opportunities (Zero to

Three, 2009). Regions described how parents are increasingly in need of child care for employment during non-traditional hours and are struggling to meet the costs of licensed care.

Knowing that significant numbers of infants and toddler spend their time in non-parental care, stakeholders highlighted concerns about families' access to child care for infants and toddlers and the quality of those care environments. In some areas, very few licensed care providers are accessible to families. For example, among the neighboring counties of Ferry, Stevens and Pend Oreille there are approximately 1,325 children ages birth to three, and only 151 licensed child care slots. Even in areas with programs available nearby, parents may not be able to afford to pay for child care. Stakeholders complain that while subsidies offsetting the cost of child care for parents are a significant help, there is far more demand for subsidy than available funding. Low- and middle-income families cannot afford child care, yet they do not qualify for subsidies. Further, although licensing assures a minimum level of safety within the child care setting, it does not require environments and practices that support optimal development among infants and toddlers. In contrast, Early Head Start and evidence-based home visiting programs do support high-quality care for infants and toddlers, but they serve only a fraction of eligible families.

What We Know About Services, Systems and Supports

Well Functioning Services, Systems and Supports

Regions also provided examples of functioning services, systems and supports for infants and toddlers in their communities. Established coalitions and collaborations focused on early learning as well as an array of services that exist in all regions. Some regions have quite mature and well-organized coalitions ready to respond as opportunities for new or enhanced services arise. All regions also have examples of local collaborations working effectively to address local needs as well as examples of innovative program development and/or implementation. Regions uniformly demonstrated well-utilized state resource systems for infants and toddlers, such as Maternal Support Services, Apple Health, WIC and Early Head Start. Local public health districts are often cited as the successful outreach mechanism for these programs. Particular regions or counties within regions highlighted local system strengths, such as Pierce County's successful system, to identify and service young children who need early intervention services. Regions consistently expressed concerns about upcoming cuts to these programs, particularly to the system of supports (including public health, higher education, and child care resource and referral agencies) for licensed center and family child care providers.

Variation in Resource Availability and Usage WITHIN Regions

The data summaries revealed a variation in resource availability and usage within regions. For example, in many regions licensed care for infants and toddlers is hard to find or even non-existent in rural areas, whereas some urban areas in the same region have many infant slots available. Regions also found a pattern of urban areas that had significant strengths,

available resources and functioning systems, yet aggregate demographics that hide “pockets of challenges.” These include particular neighborhoods that face multiple risks but lack access to services. Disproportionality is another issue, as demonstrated in King County where the countywide infant mortality data show a rate of 4.5 deaths per 1,000 live births for all infants compared to the nearly doubled rate for African Americans at 8.6, and that of Native Americans at 13.7 per 1,000. All regions highlighted similar and significant challenges facing rural areas: lack of transportation, low educational status, multi-generational cycles of poverty, and lack of services within several hours’ drive. In general, the focus in most rural areas remains on meeting basic needs: housing and access to healthcare.

What Data Tell Us About What Parents Need

In addition to child care, other forms of support can help families of infants and toddlers. In the 2008 DEL Parent Assessment, for example, parents expressed a desire for more information about activities, events and places in the community that are designed for families. Parents also requested more information to help their child acquire early reading skills, support their child’s social and emotional development, and learn appropriate discipline techniques (DEL, 2008). Approximately one third of parents also said they would like to receive more information about choosing child care (36 percent) and accessing resources for children with special needs (31 percent).

Based on the above data, we believe the following factors must be considered when developing our state’s infant and toddler systems:

- Families in Washington are becoming increasingly diverse.
- A growing number of vulnerable working parents in our state cannot afford high-quality formal child care for their infants and toddlers.
- A wide variety of child care arrangements exist, including parental care, each of which not only plays an important role and has value, but also requires unique resources to support infants and toddlers.
- Many neighborhoods and communities have high concentrations of families experiencing multiple risk factors.

What the Data Tell Us About What Regions Need

Believing that when the elements of early learning services, systems and supports each work well and align with the other elements children will have the best opportunity to reach their full potential, DEL engaged regions to strengthen both the regions’ and DEL’s infrastructure and capacity to engage in two-way communication and decision-making. This effort will support the capacity of state, regional and local decision-makers to be guided by regional and local data and realities and incorporate the voices and perspectives of regional and local stakeholders.

Regions' descriptions of their processes to develop the data summaries revealed different approaches and different challenges and successes associated with their steering committees and stakeholder groups, their engagement of parents and providers, and their capacity to use data for decision-making.

Based on the data summaries, we offer the following observations about developing regional infant and toddler infrastructure:

- Stakeholders worked successfully within the unique contexts and experiences of their region to complete the work required for the Regional Data Summary.
- The Steering Committees and lead agencies worked to engage parents and providers and reflect their diverse voices and perspectives, even though they were operating under a severe time constraint.
- Gaps exist in important data that could help describe young children and their families, as well as the services and systems that support them.
- Regional capacity to use data for decision-making varies, and there are opportunities to build on existing strengths.

Finding Opportunities in a Dynamic Environment

The population of infants and toddlers, as well as their contextual environments, parental needs, family situations and community trends, has been changing—in many cases quite dramatically. This dynamic environment presents unique opportunities. One area of regional capacity building that can be readily implemented is to view the data collected and environmental trends as an opportunity for regions to assess their current resources and potentially shift their focus or reallocate service resources toward meeting the challenges of the new environment. This effort may include identifying or developing more data sources, feedback loops and non-traditional partnerships. It may also include developing a regular regional system to review data and better understand the changing local and regional conditions so that information can be used to creatively leverage the unique strengths of parents, families and communities. Finally, it could mean sharing information or collaborating with other regions to address the identified challenges in innovative ways and increase two-way learning among parents and service providers to more accurately tailor services to local circumstances and respond to different types of “customers.” All of these possibilities provide a prime opportunity to use data for decision-making while improving the quality of and access to services.

DEVELOPING WASHINGTON’S BIRTH TO 3 PLAN

WHAT LED TO THE CREATION OF THIS PLAN?

Washington State has earned a well-deserved reputation for being a national leader in collaboratively planning for systems and supports that promote early learning for its youngest children. In recent history especially, Washington has made substantial progress in identifying critical policies and strategies to create a successful future for young children and their families. This Birth to 3 Plan builds on prior planning and system-building efforts by a diverse group of stakeholders representing a wide range of informed perspectives.

One of the key milestones that led up to the Birth to 3 Plan occurred in 2005, when key stakeholders involved in early childhood issues came together to develop a comprehensive strategic framework for an “early childhood system” in Washington. This effort, called Kids Matter, articulated how the various domains of a child’s well-being work together to support a “whole child” who is healthy and ready for school. More recently, in 2009 and 2010, stakeholders worked collaboratively to 1) develop a list of recommendations to the Governor related to early learning for the 2010 legislative session and 2) design a comprehensive 10-year plan for early learning in the state.

WASHINGTON’S EARLY LEARNING PLAN AS A FOUNDATION

Beginning in early 2009, early learning stakeholders, led by DEL and its Early Learning Advisory Council (ELAC), in partnership with the Office of Superintendent of Public Instruction and Thrive by Five, began the process of developing a statewide early learning plan to ensure school readiness for all children in Washington as required by statute. The Early Learning Plan identified a comprehensive set of strategies and intended outcomes focused on children prior to birth (prenatal) up to third grade, as well as the systems and communities; schools; early learning professionals; and parents, families and caregivers necessary to support children’s readiness for and success in school. The state’s Early Learning Plan was finalized and released to the public in September 2010.¹⁴

¹⁴ The Early Learning Joint Resolution Partnership was formed between DEL, OSPI and Thrive by Five Washington in 2010. The Joint Resolution has created a three-year action plan related to early implementation of the ELP strategies.

The Washington Early Learning Plan provides the foundation for this plan in many ways, including its articulation of a specific strategy to support infants and toddlers and their families. The ELP also lifts up other early learning strategies (e.g., home visiting, parent support) that are intended for all young children, but are particularly relevant for infants and toddlers. The Guiding Principles of the ELP (see Appendix C) also guide this plan. As in the ELP and the prior *Recommendations to the Governor*, this plan aims to identify policy priorities that are critical for supporting the optimal health and development of *all* infants and toddlers, as well as those recommendations that are appropriate and necessary for *some* infants and toddlers considered “at-risk,” and the relatively *few* children and families who are considered to be at “high risk” based on such circumstances as disabilities or exposure to toxic stress (e.g., abuse, homelessness).¹⁵

Even as the ELP was being finalized, system planning for infants and toddlers based on the Early Learning Plan began. Three state-level public and private partners¹⁶ sponsored an Infant Toddler “Think Tank” in December 2009. A few months later, DEL convened partners to collectively identify a set of powerful cross-system strategies and intended outcomes for infants and toddlers and their families (see Appendix B for the SYSTEM-LEVEL Infant & Toddler Systems and Services Outcome Map). These infant and toddler planning efforts were intentionally aligned with and guided by Washington’s Early Learning Plan, creating a solid foundation for responding to the legislature’s request for this Birth to 3 Plan.

HOW THIS PLAN WAS DEVELOPED

In 2010, the Washington State Legislature passed HB2867 (see Appendix A), a bill that called for a comprehensive Birth to 3 Plan for the state. In response, DEL contracted with Thrive by Five Washington, and jointly convened and chaired an Advisory Committee in September 2010, a diverse group that included members of the Early Learning Advisory Council (ELAC) and other stakeholders from the wide range of state and local systems and supports that touches the lives of infants and toddlers.

DEL and Thrive by Five Washington also tapped into the expertise of nationally recognized infant and toddler policy experts, the Center for Law and Social Policy (CLASP). CLASP conducted an analysis of the current policies impacting infants and toddlers in Washington and made recommendations based on existing research, best practices in other states and feedback provided by Washington stakeholders that considered the unique context of our state. The Advisory Committee reviewed and provided feedback on CLASP’s final recommendations and provided additional information about appropriations and financing options.

¹⁵ This science-based three-tiered approach comes from the Center on the Developing Child at Harvard University.

¹⁶ The three sponsors included the Department of Early Learning (DEL); Thrive by Five Washington, a public private partnership; and the Infant Toddler Early Intervention Program at the Department of Health and Social Services (now Early Supports for Infants and Toddlers, housed at the Department of Early Learning).

Other contributors to the development of this plan included Organizational Research Services, an independent consulting firm, which planned and facilitated the Advisory Committee meetings and prepared the report. Betty Emarita, an independent ideation and strategic change consultant with expertise related to cultural competency, reviewed the report and provided input. Members of the Birth to Five Policy Alliance also participated in one Advisory Committee meeting and provided input.

OUTCOMES OF A STATEWIDE COMPREHENSIVE CONTINUUM OF BIRTH TO 3 SERVICES

Since this Birth to 3 Plan outlines a set of broad policy recommendations as well as more concrete policy changes necessary to support each of these broad recommendations in the near-term, it is appropriate to identify the intended outcomes at each of these levels. In the previous descriptions of the specific recommended policy changes, the plan clearly states what outcomes or milestones would indicate that progress is being made toward the creation of a comprehensive continuum of infant and toddlers services should the policies be implemented.

Here, we describe the broader and, in some cases, longer-term outcomes expected to result from the plan's high-level recommendations as they build a comprehensive infant toddler system. As in Washington's Early Learning Plan, this plan uses a framework which emphasizes the following: for infants and toddlers to be ready for and successful in school, their parents, families and caregivers; early learning professionals; and systems and communities must also be ready to support them.¹⁷

Below are the outcomes of a comprehensive continuum of birth to three services that this plan is intended to support. They are based on relevant outcomes from Washington's Early Learning Plan, though naturally more specific to infants and toddlers and their families, as well as outcomes articulated during previously described state system-planning efforts.

¹⁷ This Comprehensive Birth to Three Plan does not highlight outcomes related to Ready and Successful Schools as in the Early Learning Plan because most schools do not serve children from birth to 3.

The assumption is that **these outcomes must occur in order to achieve longer-term outcomes related to Washington’s children being ready for and successful in school and life.**

Outcomes Associated with High Level Policy Recommendations	
READY & SUCCESSFUL CHILDREN	
	All infants and toddlers have optimal physical health, mental health, oral health and nutrition.*
	All infants and toddlers have developmentally appropriate social-emotional, language, literacy, numeracy, and cognitive skills and demonstrate positive mental health and wellbeing.*
	More infants and toddlers will be served in high-quality early learning settings. (CLASP)
READY & SUCCESSFUL PARENTS, FAMILIES & CAREGIVERS	
	Parents are recognized as their infants’ and toddlers’ first and most important teachers to help them “learn to learn” in their first years of life.*
	Parents, families and caregivers have the knowledge and skills, along with culturally appropriate services and supports, to act and respond in ways that promote optimal health, development and early learning for their infants and toddlers.*
	A comprehensive, culturally- and language-appropriate information and referral system about all aspects of child health, development and early learning is accessible to all parents, families and caregivers of infants and toddlers.*
READY & SUCCESSFUL EARLY LEARNING PROFESSIONALS	
	All families of infants and toddlers have access to high-quality, culturally competent, affordable child care and early education programs staffed by providers and teachers who are adequately trained and compensated.*
	All early learning professionals can demonstrate the competencies to provide infants and toddlers with developmentally and culturally appropriate early learning experiences in healthy and safe environments.*

Outcomes Associated with High Level Policy Recommendations	
READY & SUCCESSFUL SYSTEMS & COMMUNITIES	
	The early learning system in Washington uses demonstrated best practices to support families in fostering infants' and toddlers' healthy development and learning and to build high-quality, culturally competent early learning programs for children ages birth to three.*
	Increased policies and practices that support the Strengthening Families Protective Factors among families of infants and toddlers.**
	Universal developmental screening and linkages to appropriate services will be available for all young infants and toddlers in Washington State.***
	The early learning system supports infants and toddlers with disabilities and other special needs, as well as their families, to optimize each child's health, development and educational outcomes.*
	Governance and accountability systems ensure progress toward achieving the vision for a high-quality, accessible early learning system for all infants and toddlers in Washington.*
	Communities support families and promote infants' and toddlers' learning and healthy development.*
	The public understands the critical economic and social value of high-quality, culturally competent early learning for every infant and toddler and actively supports related policies and investments.*
	Increased coordination and integration among and between services and systems for infants and toddlers (including data systems that incorporate feedback loops across tiers).**

*From or based on outcomes described in Washington's Early Learning Plan.

** From or based on outcomes described in the SYSTEM-LEVEL Infant & Toddler Systems and Services Outcome Map (see Appendix B).

*** From or based on the DRAFT Universal Developmental Screening in Washington State Outcome Map (dated 6/28/2010).

FUNDING OPTIONS & CONSIDERATIONS

The recommendations in this Birth to 3 Plan were intentionally selected to be strategic and bold as well as realistic given the current economic climate. This section of the plan describes several options for financing the policy recommendations put forth as well as some broad principles related to financing considerations that are relevant to birth to three policies.

Even, and perhaps especially, during difficult financial times, allocating limited resources to a segment of the population for which supports are most impactful is a forward-thinking, responsible and efficient investment in our state's human capacity and its future. Of course, additional resources are required to support the development, expansion and alignment of programs and infrastructure. Many of the recommendations in this Birth to 3 Plan, however, can be phased in over time—and a number of them will cost very little.

Due to the range in possible scope and scale of most of the recommended policies, this plan does not include proposed appropriations for the specific recommendations. Information related to cost analyses and budgeting does exist for nearly all of the recommendations, however, either within the state or based on other states' practices (e.g., expansion of home visiting, adjustments to Medicaid policy for developmental screening, Early Head Start partnerships, infant toddler credential).

FINANCING OPTIONS

Acknowledging the opportunities and potential for impact, as well as the difficult economic climate, this plan proposes policy recommendations with the following financing options:

- Implement policies that are administrative in nature or otherwise cost neutral, which would not incur any cost to the state budget. Examples of these policies might include the 12-month authorization for child care subsidies or changes to Washington Administrative Code to include consultation for toddler rooms.
- Begin to phase in meaningful policy change with regard to broader policy recommendations with the intention to further expand the scope of policy change over time. For some of the proposed policies, it may not be possible to achieve the full measure of necessary change in the current economic climate, but the state should move forward in some ways that can be further advanced once the fiscal situation improves. Examples of policy changes best suited to this approach would include the expansion of support for home visiting and various steps related to promoting universal developmental screening.

FUNDING CONSIDERATIONS¹⁸

- **Using available funds wisely in tight budget times.** In difficult economic times, it is more important than ever to be a responsible steward of resources. Research is clear: The most effective and efficient ways to ensure optimal outcomes for our youngest children now and later in their life requires starting early with supports that are comprehensive and high quality. These efforts ultimately save money that would otherwise be spent to address the achievement gaps that persist under current conditions (Stoney, 2009). Additionally, supporting infants and toddlers inherently strengthens the economic and social fabric of their families and communities.
- **Create an “outcomes orientation” tied to financing.** An outcomes orientation focuses on results, driving both funders and service providers to think more realistically about the connections between investments and outcomes. It clarifies how often the best results come from the effective implementation of a combination of several promising interventions that, in isolation, would have little effect.
- **A three-tiered approach to funding: *All, Some & Few*.** We are seeking to build an early learning system in Washington that ensures all children achieve their greatest potential. As a result of our state’s limited resources, it is important to use a model that most effectively impacts the healthy development of children. The model below, from the Center on the Developing Child at Harvard University, reflects a science-based three-tiered approach that significantly impacts school readiness and ensures healthy development.
 - **ALL (UNIVERSAL, PRIMARY AND PROMOTION):** Targeted to the general public or a whole population group that has not been identified on the basis of individual risk. *We do not equate universal financing with a uniform delivery system. A variety of financing mechanisms may be made available, with different families eligible for different options. Families may use the financial support made available to them through a variety of financing mechanisms to purchase the types of services that best reflect their values and preferences, as well as their children’s learning styles and developmental needs.*
 - **SOME (SELECTED, SECONDARY AND PREVENTION):** Targeted to individuals or a subgroup of the population who is at risk or target individuals or organizations/programs that are doing exceptionally well (reward high quality) and/or broadly targeted interventions for children in poverty/low-income (e.g., income supports and early enrichment) to give all the chance to succeed.

¹⁸ These considerations for infant and toddler system financing are based on those described in Washington’s Early Learning Plan. See *Early Learning: A Recommendation to the Governor for Action in 2010* for a full list of funding considerations related to Washington’s broader early learning system.

- **FEW (INDICATED, TERTIARY AND EARLY INTERVENTION)**: Targeted to high-risk individuals/families (e.g., children with disabilities, homeless; families involved with CPS; socio-economic and racial disparities) and/or narrowly-targeted, specialized services for children experiencing tolerable or toxic stress to prevent later problems.
- **Striking a balance among quality, continuity and quantity.** Finding a balance among quality, continuity and quantity in funding subsidies for child care programs is a struggle. This is particularly true for infants and toddlers, for whom licensed care is most scarce. A certain minimum threshold of quality is absolutely essential, however; funders, both public and private, should demand that a baseline of quality be outlined for programs to receive funding and support providers in achieving higher quality. Low-cost services that have little impact can be a waste of money. Responsible investments focus on effective programs that are staffed appropriately, implemented well and improved continuously. Standards-based financing approaches actually have the potential to more intentionally specify the cost of services, support accountability and build support for high-quality services (Mitchell & Stoney, 2006).
- **Strategic approaches to optimizing existing public funds.** The Washington Early Learning Plan provides a vision for what our state hopes to achieve for young children and their families and a vision for how to get there. It has the potential to align and develop shared purposes, goals, outcomes and accountability across agencies and fund sources and programs. This Birth to 3 Plan uses the Early Learning Plan as its foundation in outlining a strategic and cohesive set of recommendations that will optimize existing public funds for infants and toddlers by ensuring they contribute toward programs that serve the most important needs of infants and toddlers and their families and take advantages of current opportunities to further build the system. Strategic approaches to financing also have the potential to promote alignment of services across the system with agreed upon standards (Mitchell & Stoney, 2006).

Additional recommendations for optimizing existing public funds include the following:

- Redeploy existing funds to support only high quality supports and services that aim to support school readiness, which involves shifting money in a set strategic direction to improve school readiness.
- Consistent with the Early Learning Plan, move all activities related to child care subsidies (e.g., authorizations, payment systems, funding and policy) to DEL.
- Create a technical assistance network for agencies, communities and programs on how to braid, blend and orchestrate an optimized funding approach.
- Through the Early Learning Advisory Council, link multiple services and systems, including health, mental health, early care and education and family support, so that state policies have substantial impact on unequal access and treatment.

- Support early childhood systems development in communities with concentrations of poor and minority families.
- **Potential revenue sources.** As with early learning in general, the amount invested in infants and toddlers specifically is miniscule compared to that invested in children during their school- or college-age years. New revenue sources would help invest in building a comprehensive state-wide early learning system. Although the Early Learning Plan outlines a list of potential revenue sources, we are not recommending or endorsing any specific potential sources at this time.

CONCLUSION

Investments in early childhood development are investments in community and economic development. Appropriate supports for targeting birth to 3 are also likely to be more effective and less expensive than the interventions that will inevitably follow if there is not adequate investment in the early childhood system.

Research tells us the most critical time in children's brain development occurs between the ages of birth to 3. The experiences of infants and toddlers—both good and bad—determine greatly whether our state's youngest residents will be ready for and successful in school and life. Although in lean economic times, with services for all constituents face significant challenges, the needs of our state's youngest learners cannot be postponed.

Fortunately, wise choices do not always have to be costly. This Birth to 3 Plan offers a system-building approach that leverages and builds upon existing efforts to improve services and achieve measurable outcomes for children and families. Some of the recommendations in this plan can happen right away; others can be phased in over time. What is critical is that we keep the momentum going forward, especially since some of the recommendations in this plan can be implemented with minimal or no cost—and, in some cases, may even save the state money.

This Birth to 3 Plan represents the best and most current thinking of the state and national early learning community, a collaboration of key stakeholders ranging from on-the-ground experts to policy analysts. It also responds to the data that we have in our state describing the growing diversity and vulnerability of infants and toddlers, as well as the range of supports that families use and need. With our knowledge of what works well and what synergies can be exploited, we have a unique opportunity to maintain our state's well-deserved reputation for providing our youngest children the opportunity to succeed in school and life and to, ultimately, make one of the best investments possible in our state's future.

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APPENDIX A: SECOND SUBSTITUTE HOUSE BILL 2867

CERTIFICATION OF ENROLLMENT
SECOND SUBSTITUTE HOUSE BILL 2867

Chapter 232, Laws of 2010

61st Legislature
2010 Regular Session

EARLY LEARNING--BIRTH-TO-THREE PLAN

EFFECTIVE DATE: 06/10/10

Passed by the House March 8, 2010
Yeas 73 Nays 24

FRANK CHOPP
Speaker of the House of Representatives

Passed by the Senate March 5, 2010
Yeas 43 Nays 2

BRAD OWEN
President of the Senate

Approved March 29, 2010, 2:11 p.m.

CHRISTINE GREGOIRE
Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE HOUSE BILL 2867** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER
Chief Clerk

FILED
March 30, 2010

**Secretary of State
State of Washington**

SECOND SUBSTITUTE HOUSE BILL 2867

AS AMENDED BY THE SENATE

Passed Legislature - 2010 Regular Session

State of Washington 61st Legislature 2010 Regular Session

By House Ways & Means (originally sponsored by Representatives Kagi, Sells, White, Hunt, Chase, Kessler, Morrell, Van De Wege, Kenney, and Hasegawa; by request of Governor Gregoire)

READ FIRST TIME 02/09/10.

1 AN ACT Relating to early learning; amending RCW 43.215.005 and
2 43.215.020; and creating a new section.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 43.215.005 and 2007 c 415 s 1 are each amended to read
5 as follows:

6 (1) The legislature recognizes that:

7 (a) Parents are their children's first and most important teachers
8 and decision makers;

9 (b) Research across disciplines now demonstrates that what happens
10 in the earliest years makes a critical difference in children's
11 readiness to succeed in school and life;

12 (c) Washington's competitiveness in the global economy requires a
13 world-class education system that starts early and supports life-long
14 learning;

15 (d) Washington state currently makes substantial investments in
16 voluntary child care and early learning services and supports, but
17 because services are fragmented across multiple state agencies, and
18 early learning providers lack the supports and incentives needed to

1 improve the quality of services they provide, many parents have
 2 difficulty accessing high quality early learning services;

3 (e) A more cohesive and integrated voluntary early learning system
 4 would result in greater efficiencies for the state, increased
 5 partnership between the state and the private sector, improved access
 6 to high quality early learning services, and better employment and
 7 early learning outcomes for families and all children.

8 (2) The legislature finds that:

9 (a) The early years of a child's life are critical to the child's
 10 healthy brain development and that the quality of caregiving during the
 11 early years can significantly impact the child's intellectual, social,
 12 and emotional development;

13 (b) A successful outcome for every child obtaining a K-12 education
 14 depends on children being prepared from birth for academic and social
 15 success in school. For children at risk of school failure, the
 16 achievement gap often emerges as early as eighteen months of age;

17 (c) There currently is a shortage of high quality services and
 18 supports for children ages birth to three and their parents and
 19 caregivers; and

20 (d) Increasing the availability of high quality services for
 21 children ages birth to three and their parents and caregivers will
 22 result in improved school and life outcomes.

23 (3) Therefore, the legislature intends to establish a robust birth-
 24 to-three continuum of services for parents and caregivers of young
 25 children in order to provide education and support regarding the
 26 importance of early childhood development.

27 ((3)) (4) The purpose of this chapter is:

28 (a) To establish the department of early learning;

29 (b) To coordinate and consolidate state activities relating to
 30 child care and early learning programs;

31 (c) To safeguard and promote the health, safety, and well-being of
 32 children receiving child care and early learning assistance, which is
 33 paramount over the right of any person to provide care;

34 (d) To provide tools to promote the hiring of suitable providers of
 35 child care by:

36 (i) Providing parents with access to information regarding child
 37 care providers;

1 (ii) Providing parents with child care licensing action histories
 2 regarding child care providers; and
 3 (iii) Requiring background checks of applicants for employment in
 4 any child care facility licensed or regulated under current law;
 5 (e) To promote linkages and alignment between early learning
 6 programs and elementary schools and support the transition of children
 7 and families from prekindergarten environments to kindergarten;
 8 (f) To promote the development of a sufficient number and variety
 9 of adequate child care and early learning facilities, both public and
 10 private; and
 11 (g) To license agencies and to assure the users of such agencies,
 12 their parents, the community at large and the agencies themselves that
 13 adequate minimum standards are maintained by all child care and early
 14 learning facilities.
 15 (~~((4))~~) (5) This chapter does not expand the state's authority to
 16 license or regulate activities or programs beyond those licensed or
 17 regulated under existing law.

18 **Sec. 2.** RCW 43.215.020 and 2007 c 394 s 5 are each amended to read
 19 as follows:

20 (1) The department of early learning is created as an executive
 21 branch agency. The department is vested with all powers and duties
 22 transferred to it under this chapter and such other powers and duties
 23 as may be authorized by law.

24 (2) The primary duties of the department are to implement state
 25 early learning policy and to coordinate, consolidate, and integrate
 26 child care and early learning programs in order to administer programs
 27 and funding as efficiently as possible. The department's duties
 28 include, but are not limited to, the following:

29 (a) To support both public and private sectors toward a
 30 comprehensive and collaborative system of early learning that serves
 31 parents, children, and providers and to encourage best practices in
 32 child care and early learning programs;

33 (b) To make early learning resources available to parents and
 34 caregivers;

35 (c) To carry out activities, including providing clear and easily
 36 accessible information about quality and improving the quality of early

1 learning opportunities for young children, in cooperation with the
2 nongovernmental private-public partnership;

3 (d) To administer child care and early learning programs;

4 (e) To standardize internal financial audits, oversight visits,
5 performance benchmarks, and licensing criteria, so that programs can
6 function in an integrated fashion;

7 (f) To support the implementation of the nongovernmental private-
8 public partnership and cooperate with that partnership in pursuing its
9 goals including providing data and support necessary for the successful
10 work of the partnership;

11 (g) To work cooperatively and in coordination with the early
12 learning council;

13 (h) To collaborate with the K-12 school system at the state and
14 local levels to ensure appropriate connections and smooth transitions
15 between early learning and K-12 programs; ~~((and))~~

16 (i) To develop a comprehensive birth-to-three plan to provide
17 education and support through a continuum of options including, but not
18 limited to, services such as: Home visiting; quality incentives for
19 infant and toddler child care subsidies; quality improvements for
20 family home and center-based child care programs serving infants and
21 toddlers; professional development; early literacy programs; and
22 informal supports for family, friend, and neighbor caregivers;

23 (j) Upon the development of an early learning information system,
24 to make available to parents timely inspection and licensing action
25 information through the internet and other means.

26 (3) The department's programs shall be designed in a way that
27 respects and preserves the ability of parents and legal guardians to
28 direct the education, development, and upbringing of their children,
29 and that recognizes and honors cultural and linguistic diversity. The
30 department shall include parents and legal guardians in the development
31 of policies and program decisions affecting their children.

32 NEW SECTION. Sec. 3. The department of early learning, in
33 collaboration with the early learning nongovernmental private-public
34 partnership and the early learning advisory council, shall develop a
35 birth-to-three plan, including recommended appropriation levels, and
36 report to the appropriate committees of the legislature and the

- 1 governor by December 1, 2010. The plan and recommendations required
2 under this section shall be developed within existing resources.

Passed by the House March 8, 2010.

Passed by the Senate March 5, 2010.

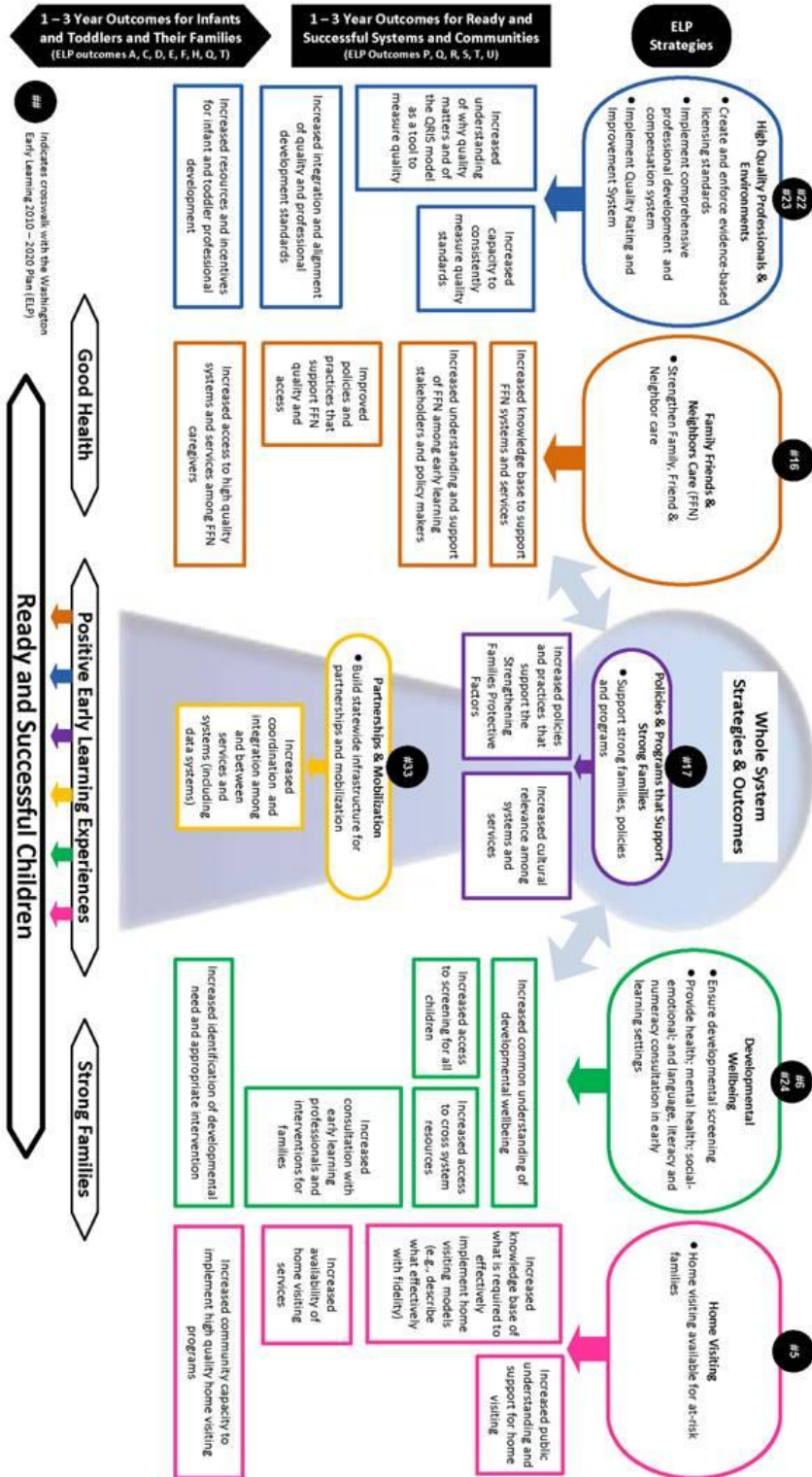
Approved by the Governor March 29, 2010.

Filed in Office of Secretary of State March 30, 2010.

APPENDIX B: SYSTEM LEVEL INFANT & TODDLER SYSTEMS AND SERVICES OUTCOME MAP, GUIDING ASSUMPTIONS

Meeting date: 04/14/2010
 Revised date: 04/15/2010

SYSTEM-LEVEL Infant & Toddler Systems and Services Outcome Map Three Year Plan (2010 – 2013)



A Theory of Change is the clear expression (typically a graphic “outcome map” depiction) of the relationship between strategies and anticipated results. In this case, the Infant and Toddler Systems and Services Outcome Map identifies six powerful strategies grounded in the work of the Early Learning Plan and several key system-level outcomes expected to result from these efforts.

Outcome Map Purposes

- The outcome map lifts up some of the shared powerful strategies and anticipated outcomes across the entire system, serving as a vision for the Infant and Toddler System and planned action that reflects and connects to Washington’s Early Learning Plan (ELP). It is hoped that this map will help to frame state- and community-level infant and toddler systems and services planning.
- The process of bringing agencies together to engage in the development process was intended to further promote understanding about the extent to which agencies share the same goals and serve the same families, creating a “glue” or “connective tissue.”
- Finally, it was also the intention that the process of developing this map for Infant and Toddler efforts in the state would model how the Early Learning Plan could be applied and outcome maps could be developed for other strategies highlighted in the Plan.

Outcome Map Potential Audiences: The primary audiences for this outcome map are the state level agencies and organizations involved in infant and toddler systems and services. Potential funders, advocates, and policy- or decision-makers may also find the map useful to better understand some of the agreed upon priorities for action across the system in the next one to three years.

Intended Uses of the Outcome Map

- Mobilizing funds and resources from various sources; communicating roles, connections and shared priorities; and lifting up areas of intended change.
- Used by agencies and communities doing work related to infant and toddler systems and services to create their own actionable Theories of Change. This map should help to guide those processes and link agencies’ work to the Early Learning Plan. The agency- and community-level outcome maps, on the other hand, will be most suited to prioritizing activities and framing evaluation efforts.

APPENDIX C: GUIDING PRINCIPLES OF THE WASHINGTON STATE EARLY LEARNING PLAN

EARLY LEARNING PLAN VISION STATEMENT

In Washington, we work together so that all children start life with a solid foundation for success, based on strong families and a world-class early learning system for all children prenatal through third grade. Accessible, accountable, and developmentally and culturally appropriate, our system partners with families to ensure that every child is healthy, capable, and confident in school and in life.

GUIDING PRINCIPLES FOR DEVELOPMENT OF WASHINGTON'S EARLY LEARNING SYSTEM

- Be child-focused and family-centered. Promote meaningful partnerships with parents and families, since they are children's first teachers.
- Promote alignment of early learning services and programs as a continuum that is comprehensive, supports whole child development, and is available to all children.
- Be flexible, culturally responsive, accessible, relevant and respectful, and reflect the needs of local communities and individual children.
- Be developmentally appropriate and, where applicable, evidence-based (as available), and address each stage of child development from prenatal through third grade.
- Build on strengths—of children, parents, families, providers, programs, communities and prior planning efforts, such as Kids Matter and Washington Learns.
- Develop a tiered approach to addressing the early learning needs of all children in the state, identifying those strategies that apply to all, some and few children.
- Provide supports, services, and programs for at-risk children and families to close the preparation gap.
- Promote high-quality early learning to increase school readiness and success in school and in life.
- Include professional development and support for early learning and care providers.
- Promote transparency and accountability in all policies, services, and programs.
- Provide ways to measure progress over time.
- Identify funding sources and promote adequate financing of the system.
- Provide for meaningful stakeholder review and comment on the Washington State Early Learning Plan as it is being developed and on the system's performance over time.

